

Professional Surveyor Reference

applying for ☐ PS exam ☐ PS reinstatement ☐ reciprocity

Applicant completes:

Applicant's Name: _____

Address: _____

Phone#: _____

Have You And Respondent Been Employed By, Or Been Members Of, The Same Firm? Yes ☐ No ☐

If Yes, Please Supply The Following Information:

From-To: _____

Name of Firm: _____

City: _____ Applicant's Position: _____

Respondent's Position: _____

Have You Known Each Other In Other Circumstances? Yes ☐ No ☐ If yes, please explain on back of this form.

Reference completes:

1. Is the above information correct as stated? Yes ☐ No ☐ If no, please explain on back of this form.

2. How long have you known the applicant? _____

3. I (am) (am not) related. Relationship _____

4. What is your business relationship to the applicant? _____

5. Please define the individuals character and reputation. _____

6. Do you have personal knowledge of the applicant's surveying work? Yes ☐ No ☐

7. How do you rate the practice and quality of performance of the applicant's surveying work?

Type of Practice	Above Average	Average	Below Average	Unsatisfactory
parcel boundary surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
subdivision surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
plat drafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boundary research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other boundary surveying work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
which justify applicant's registration as a surveyor				

8. I (would)(would not) employ applicant on a project where his/her decisions would be final because:

9. The following is my evaluation of the applicant's ability as a surveyor _____

PLEASE TYPE OR PRINT CLEARLY Name of Respondent: _____

Respondent's current Surveying Registration: State: _____ *Reg. #: _____ Year: _____

Name of Respondent's Firm: _____

Address: _____

Phone: _____ Signature: _____

Position In Firm: _____ Date: _____

*ALL NON-ARKANSAS P.S. REFERENCES MUST SUPPLY VERIFICATION OF CURRENT REGISTRATION.

Please mail to: AR Board of Engineers and Land Surveyors, P.O. Box 3750, Little Rock, AR 72203-3750.